AMENDMENT
Request for Proposal

Amendment Date: December 10, 2010

Amendment Number: 6

Bid Event ID: EVT0000186

Closing Date: January 4, 2011, 2:00 PM

Procurement Officer: Tami Sherley
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Item: K-MED Project
Agency: Kansas Health Policy Authority

Period of Contract: May 30, 2011 through September 30, 2015
                                    (with the option to renew for three (3) additional twelve (12) month periods)

Conditions:

1.   **Below are additional responses to questions received on November 2, 2010 Question deadline. Please note that the numbering sequence follows the Responses provided under Amendment Five.**
2.   **Additional information provided by the Kansas Health Policy Authority.**

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM:

SIGNED BY:

TITLE: DATE:

Amendment Number 6 EVT0000186 was recently posted to the Division of Purchases Internet website. **The bid document can be downloaded by going to the following website:**

http://www.da.ks.gov/purch/RFQ/EVT0000186
It is the vendor's responsibility to monitor the Division of Purchases website on a regular basis for any changes/addenda.

238)   Section 3.1 Submission of Proposal, Page 52.

   RFP Requirement:
   - The flash / thumb drives shall include the proposal in both searchable Portable Document Format and in Microsoft® Word format with hyperlinks to the sections from the table of contents.

   - Cost schedules shall be provided in Microsoft Excel format.

   - Project plans shall be provided in Microsoft Project format.

   Question: In which version of Word and Excel would KHPA prefer the Bidder's response documents?

   Answer: Documents should be submitted using Microsoft Word 2007 and Excel 2007. In addition, project plans should be submitted in Microsoft Project 2007.

239)   Section 3.1 Terms and Conditions.

   Question: There is a not limit of liability in the contract terms of this RFP. We know the State has successfully negotiated limits of liability in the past and assume the State is willing to do the same for this contract. Please confirm.

   Answer: Please see Answer #1 and #2.

240)   Requirement DIMG-044.

   RFP Statement: The system must adhere to KHPA's hardware requirements for the imaging system.

   Question: Can the State please provide access to the referenced hardware requirements?

   Answer: Please see RFP Appendix Item 15, ImageNow Documentation. These are available on the Division of Purchases website, http://da.ks.gov/purch/adds/default.htm. Under the 'ImageNow' folder of the 'Appendices' folder under EVT0000186.

241)   Appendix 6.3.2.6.4, K-MED System Training Plan, Page 236.

   RFP Requirement: The K-MED System Training Plan details all activities for training staff at all State locations in the proper use of the K-MED System.

   Question: Please confirm the number of SRS trainers available for K-MED training.

   Answer: SRS is not expected to provide trainers to support K-MED implementation.

242)   Appendix 6.3.2.6.4, K-MED System Training Plan, Page 236.

   RFP Requirement: Number 7. Description of training facilities;

   Question: The vendor will provide a training facility as part of the project location. Please confirm all other training facilities will be the responsibility of KHPA and SRS. Please confirm this includes registration, logistics, workstations, furniture, and duplication services.

   Answer: The contractor is responsible for securing a training facility at each location required in the RFP.   The contractor is responsible for ensuring all necessary equipment is present at the training location. Please see related responses #14, #48, #62, #65, #117, and #123.

   Bidders are welcome to propose an alternative solution, such as asking KHPA/SRS to be responsible for providing training facilities at locations outside of Topeka, as a cost-effective approach (see RFP Section 3.4.18, Technical Proposal Tab 14 – Alternative Approaches).

1. **Data Model**

Please see the Technical Requirements Workbook, Database Management Worksheet, Requirements DBMG-001 through DBMG-013.

KHPA requests Proposers include information regarding the data structure proposed for the K-MED System. To ensure that the solution is capable of meeting all requirements, it is necessary for KHPA to have additional details regarding the proposed data model.

Please provide the data structure / data model that the proposed solution will utilize for the K-MED System. Include in the response enough information necessary to ensure that the model is easy to understand and clearly depicts all critical relationships and constraints. Also please provide information for including data converted from other systems.

Please add this information as Item #13 in RFP Section 3.4.11.2.2.3, page 72, as a part of Technical Proposal TAB 7.

2. **Rules Summary**

Please see the General Functional Requirements Workbook, General Requirements Worksheet. KHPA adds the following requirement:

> *GENR-062: For each eligibility function completed, the system must provide a summary of all rules applied in the determination and the results (e.g., pass/fail). The information must be displayed on a separate window / screen(s) in the K-MED System.*

3. **Social Security Information – Interfaces**

Please see RFP Appendix 4, Interfaces Requirements and Descriptions, page 182.

Pending approval from the Social Security Administration (SSA), KHPA requires the K-MED Contractor to include a separate view of SSA interface information. This will require special windows to display the information. SSA data will only be accessible to staff on an as needed basis requiring several different security profiles to protect the data. Please see RFP Appendix 18, Social Security Interfaces (page 265), and K-MED – Interfaces, Data Exchanges & Other Systems Accessed for Data (pages 188-205).

Because this requirement is being announced late in the proposal development timeframe, KHPA does not require each Proposer to develop a full solution or estimate to this requirement, but does require a commitment to work with KHPA to establish the "SSA view" and some initial information on how the Proposer will accomplish this.

Proposers must respond to the following questions. Please expand on any response where appropriate.

    a. Does the Proposer currently interface with SSA? Does the Proposer currently interface with any other federal government agency (e.g., IRS)? If yes, indicate which agencies and in what context.

    b. Has the Proposer been certified to receive data from SSA? Store data from SSA? What about data from another federal agency?

    c. How does the Proposer send / receive / update SSA data?

    d. How often does the Proposer send or receive data?

    e. How does the Proposer store data?

    f.   How does the Proposer display data?

    g.   Is the Proposer willing to enter into a Business Associate Agreement (BAA) to send, receive, and store SSA data?

Proposers shall provide a response in Technical Proposal TAB 7, in accordance with the instructions provided in RFP Section 3.4.11.2.5.3 (page 73) and RFP Appendix 4 (pages 182-205).

4. Workflow

Please see RFP Section 3.4.11.2.5.5, Workflow Configuration (pages 74-75), and Requirements WFLO-046 and WFLO-047 from the General Functional Requirements Workbook, Workflow Worksheet.

Please note the following requirements:

> ***WFLO-046:*** *Business administrative staff must have the capability to add, delete and modify workflow.*

> ***WFLO-047:*** *The contractor must propose a workflow application that provides state staff the ability to modify workflow independently of contractor. The system will provide online applications for building and deploying workflows. These applications should permit workflows to be designed by business analysts and other process or subject experts, not just programmers, and make it possible to share workflows with other state units with similar needs.*

Each proposal shall also address how quickly the solution can implement a modification in a workflow. Please include examples of both simple and complex workflows as well as those that are used by large numbers of staff and those only used by a much smaller number of staff. Explain how a workflow is modified and note which steps must be completed by technical staff.

Proposers shall provide a response in Technical Proposal TAB 7, in accordance with the instructions provided in RFP Section 3.4.11.2.5.5 (pages 74-75).

5. Clarification of Definition of "Case"

Please see Requirements REGI-002 and REGI-003 (Registration Worksheet in Functional Eligibility Workbook):

> *"**REGI-002:** Must automatically create a case by grouping associated customers together (e.g., a case is a group of family members, members who are part of the same household or are part of a mandatory filing unit, etc.)."*

> *"**REGI-003:** Must allow user to manually create a case. (e.g., a case is a group of family members, members who are part of the same household or are part of a mandatory filing unit, etc.)."*

Please see the Description of "Case" and "Case Number" in RFP Appendix 21, K-MED Glossary, pages 288-289):

> *"**Case:** Individual(s) designated as a unit based on business rules for the purpose of internal agency management of benefits and services for that unit.*

> *"**Case Number:** A unique identifier used in KAECSES that is assigned to a family group."*

KHPA is providing additional information on grouping individuals for administrative purposes, commonly known as a case. Additional definitions of several concepts are necessary to ensure that policies are implemented appropriately. It is not KHPA's intent to mandate a solution, but rather to ensure that the outcomes KHPA desires are made clear. The final solution must provide the following:

    1.   Maintain legal and parental relationships across programs, plans, and cases.

    2.   Assign and track case maintenance activities / functions.

3. Accurately determine assistance plans and Mandatory Filing Units.

4. Ability to track back to the original application for assistance no matter the form of the original request.

5. Provide secure and accurate communication to appropriate individuals.

6. Accurately measure workload across all management levels.

7. Maintain benefit and participation histories.

8. Support all reporting needs.

To clarify, KHPA offers that the case must capture and track all assistance plans and program determinations necessary for the family group. The Family Group consists of the client and all individuals living together in which there is a legal and / or caretaker relationship (see KFMAM 3111). A case consists of all members of the Family Group as well as individuals who would be in the Family Group but are out of the home due to placement in an institution. Temporary absence from the home does not remove a member of the family group (see KFMAM 2140).

Multiple program determinations may be necessary for a single case. These determinations may be completed by different workers. Ongoing coverage for different programs may be managed by different workers.

Case Number: For tracking and administrative purposes, for K-MED, each case shall be assigned a unique case number.

Client ID Number: For tracking and identification purposes, for K-MED, each individual is assigned one and only one unique identification number.

Scenarios:

Proposers should consider the following table. KHPA depicts several household situations. In each, the case definition is included. The outcome KHPA desires upon implementation of the K-MED System is also noted. After reviewing the situations, the Proposer shall indicate how the proposed solution would accommodate each situation in the last column on the right. Include the completed Case Scenarios Table in the descriptive narrative for the Registration Worksheet specified for Technical Proposal Appendix 1 (please see RFP Section 3.4.19).

CASE SCENARIOS TABLE

	Family Situation	How It Is Done Now	KHPA Desired Outcome	Describe Proposed Solution
1.	Mother Father, Her Husband 2 Mutual Children All are living together and coverage is requested for the two minor children	1 Case 1 Program (child poverty level medical) 1 Worker 1 Assistance Plan	1 Case 1 Program (child poverty level medical) 1 Worker 1 Assistance Plan	

	Family Situation	How It Is Done Now	KHPA Desired Outcome	Describe Proposed Solution
2.	Mother Her 1st Child (minor) Her 2nd Child (SSI) Her 3rd Child (HCBS) All are living together and coverage is requested for all of the children	3 Cases (One for each child) 3 Programs (child poverty level medical, SI-Medical and HCBS Medical) 3 Assistance Plans 2 or 3 Workers	1 Case 3 Programs 3 Assistance Plans 1, 2, or 3 Workers *Link to Father(s) information on case (if he has prior involvement on this case, history is readily available)	
3.	Mother Her Minor Child Are living together and coverage requested for both	1 Case 1 Program (1931 Medical) 1 Assistance Plan (Mandatory Filing Unit applies) 1 Worker	1 Case 1 Program (1931 Medical) 1 Assistance Plan (MFU) 1 Worker *Link to Father's information on case	
3a.	See #3, Child enters Foster Care and Is Placed Outside of the Mothers Home. Both mother and child receive medical.	2 Cases 2 Programs 2 Assistance Plans (child considered temporarily absent for 6 months, meeting categorical 1931 requirements) 2 Workers	2 Cases – Need to connect cases, but cannot allow Mother to have information on her child (confidentiality) 2 Programs – Need to connect child to both cases since the child is providing Mother 1931 coverage. 2 Assistance Plans 2 Workers *Link to Father's information on Child's case.	

	Family Situation	How It Is Done Now	KHPA Desired Outcome	Describe Proposed Solution
3b	See #3a, 6 months later and child has not returned home. Mother is no longer eligible for 1931 due to no child in the home.	1 Case (Foster Care) 1 Program 1 Assistance Plan 1 Worker	1 Case 1 Program 1 Assistance Plan 1 Worker * Link to both Father's and Mother's information on Child's case	
4.	Husband (Working Healthy and QMB) Wife (Nursing Home and LMB) Their Minor Child Father and Child reside together, and Mother lives in the Nursing Home Coverage is requested for all three.	3 Cases 5 Assistance Plans 5 Programs 3 Workers Case 1: Father – Working Healthy, QMB Plan – Father Only for both programs Case 2: Mother – LTC and LMB Plan – Mother with Father using Spousal Impoverishment for both programs Child – Poverty Level Medical Plan – Child and Father Only	1 Case 5 Programs 5 Assistance Plans 1, 2, or 3 Workers	

		Family Situation	**How It Is Done Now**	**KHPA Desired Outcome**	**Describe Proposed Solution**
4a.		Same as #4, but the child is an adult child and receives SSI	3 Cases 5 Programs 5 Assistance Plans 3 Workers	2 Cases Case 1: (Father and Mother) 4 Plans 4 Programs 1 or 2 Workers Case 2: Adult SSI Recipient 1 Assistance Plan 1 Program 1 Worker **Link to Father, as Father is the Guardian for his son.	

* The link to all legally responsible persons is necessary for any situation where an LRP is not part of the case.

**   When a person who is not a Legally Responsible Person or member of the Family Group has involvement on a case, such as a Guardian or Medical Representative, a link must be established to such an individual to display all involvement throughout the system (e.g., see all cases a Guardian is the Guardian for) and allow information to be used across cases (such as a change in address).

6. Document Imaging

Please see RFP Section 3.4.11.2.11, Document Imaging Services (pages 85-86), and the Imaging Worksheet found in the General Functional Requirements Workbook.

KHPA requires the K-MED Contractor to integrate the existing Document Management System, ImageNow, into the K-MED System. Integration of ImageNow should consider using Service Oriented Architecture (SOA) as the framework for design and implementation.

1. ImageNow is KHPA's current document management direction.

    a. The Proposer shall include information about its application architecture that would facilitate the use of multiple document management solutions from multiple agencies (see Requirement DIMG-016).

    b. Since the K-MED System is likely to be KHPA's Medical Eligibility Determination solution for many years, please address the possible future replacement of ImageNow should better options come available at some later point.

2. The Bidder should address the following issues with respect to the way their proposed solution interacts with other Document / Image Management products:

    a. Hide the underlying document management system from the end user, i.e., the user only interacts with the K-MED interface, not the scanning software interface as well.

    b. Provide a single logon to the document management system and the K-MED System (eliminate the need to log on separately).

    c. Make the linkage between the K-MED Database and document management systems transparent to the end user.

    d. The Proposer's solution shall be "interoperable" with document management products using standard communication protocols.

3. Include in the proposal a project governance structure that will facilitate the use of documents/images from multiple applications and multiple agencies that would address the long term issues of "data ownership" and "data stewardship." For example, if a user needs to access an imaged document held in the repository of a different agency (not using ImageNow), how would your solution access the document? Where would the document reside? Who would own the document?

7.   High Level Client Index

Please see RFP Section A1.4.4, High Level Client Index (pages 157-158) and the High Level Client Index Worksheet from the General Functional Requirements Workbook.

KHPA clarifies requirements related to the High Level Client Index (HLCI), particularly as they relate to syncing with the existing HLCI used by SRS.

KHPA does not require the K-MED solution to use the current HLCI from SRS as the K-MED HLCI, but the Proposer does have the option to do so. The K-MED System must sync with the existing HLCI in real time in order to track common individuals known to both systems. In doing so, KHPA does not require any specific index for common clients known to both systems. Again, the Proposer has the option to do so. As a result of the synchronization with SRS, KHPA expects to view and use information known to KAECSES-AE.

Because neither KHPA nor SRS expect the existing HLCI to be around forever, the K-MED System must also have the capacity to provide indexing within the system. This is true regardless of the solution used to satisfy the sync function requirements.

KHPA is asking Proposers to propose a workable solution to provide the HLCI. There are going to be challenges in implementing any HLCI solution and Proposers are expected to work with KHPA to implement a workable solution. Examples of existing challenges known by KHPA include:

*   The K-MED hours of operation will exceed those offered by KAECSES-AE.

*   A request for an SRS program may be made for someone already known to K-MED.

*   A request is made for both SRS programs and a medical program at the same time.

It is important to KHPA to have an HLCI solution that is flexible enough to accommodate additional programs, including the possibility of other agencies or entities utilizing the HLCI solution. As KHPA anticipates that an indexing format may be prescribed by the Federal or State Government at some point in the future, the solution must be flexible enough to accommodate an alternate indexing format / structure programs if necessary. Finally, the HLCI may also be a solution for issues identified in RFP Section 2.9.2, HIE/HIT/HITECH (page 48), regarding the Kansas Master Patient Index. Proposers are encouraged to consider this additional clarification when preparing their proposals.